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Attorney Docket No. NTI-024

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Fang-Cheng Chang et al. ) Group Art Unit: 2623  
Serial Number: 09/941,453 ) Examiner: Joseph Mancuso  
Filing Date: 08/28/2001 )  
Title SYSTEM AND METHOD FOR IDENTIFYING DUMMY FEATURES ON  
A MASK LAYER

Date: August 20, 2002

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

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REQUEST FOR FILING RECEIPT

Technology Center 2600

Sir:

To date Applicant has NOT received the Official Filing Receipt. The majority of the above information was obtained from PAIR.

It is respectfully requested that the Office send a copy of the Filing Receipt to the undersigned.

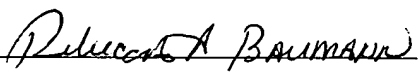
Respectfully submitted,

Dated: August 20, 2002

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I hereby certify that this correspondence is being deposited with the United States Postal Service as FIRST CLASS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C., 20231-0001, on August 20, 2002.

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Bib Data Sheet

CONFIRMATION NO. 6364

<b>SERIAL NUMBER</b> 09/941,453	<b>FILING DATE</b> 08/28/2001 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2623	<b>ATTORNEY DOCKET NO.</b> NTI-024
<b>APPLICANTS</b> Fang-Cheng Chang, Sunnyvale, CA; Christophe Pierrat, Santa Clara, CA;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/04/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 65
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 12		
<b>ADDRESS</b> 29477				
<b>TITLE</b> System and method for indentifying dummy features on a mask layer				
<b>FILING FEE RECEIVED</b> 2240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	